VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

July 13, 2011

Ms. Tammy Cota, Administrator
Cota's Hospitality Home
1079 South Barre Road
Barre, VT 05641

Dear Ms. Cota:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **June 2, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:ne

PRINTED: 06/14/2011
FORM APPROVED

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0365 | A. BUILDING _____ B. WING _____ | R-C 06/02/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COTA'S HOSPITALITY HOME | 1079 SOUTH BARRE ROAD BARRE, VT 05641 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| {R100} | Initial Comments:<br><br>An unannounced onsite survey was conducted on 6/2/11 by the Division of Licensing and Protection to follow up on uncorrected deficiencies originally cited on 10/10/10, and re-cited during the initial follow-up visit on 2/9/11. The following deficiencies remain uncorrected: | {R100} | | |
| {R128} SS=D | V. RESIDENT CARE AND HOME SERVICES<br><br>5.5 General Care<br><br>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and record review, the facility failed to assure that each resident received medications, treatment and dietary services in accordance with physician orders for 2 of 5 residents sampled (Resident #1, #2):<br>Findings include:<br><br>1. Per record review, Resident #2 had physician orders in the record that were last signed on 3/22/10 and under the MD signature is a statement that the orders were good for one year from that date. There were no current orders for medications, diet, code status, nor was there a problem list in the medical record. Per interview on 6/2/11 at 3:35 PM, the manager of the home confirmed that the last signed orders from the MD had expired in March of 2011, and there was no record of signed orders previous to that date or since to indicate the resident's code status, dietary needs, or a diagnosis/problem list. | {R128} | | |



Tammy Cota 7-11-11

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Manager | (X6) DATE

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| {R128} | Continued From page 1<br><br>2. Per record review, Resident #1 had physician orders last signed on 10/9/09. There was a fax received from the doctor's office on 2/10/11 that included a diagnosis list and allergies, however did not include diet orders, current medications, or code status. The fax also did not include an MD signature. Per interview on 6/2/11 at 3:35 PM, the manager of the home confirmed that there were no current signed orders for this resident in the medical record. | {R128} | | |
| {R160} SS=D | V. RESIDENT CARE AND HOME SERVICES<br><br>5.10 Medication Management<br><br>5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:<br><br>(1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission.<br>(2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home.<br>(3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff.<br>(4) How medications shall be obtained for | {R160} | | |

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| {R160} | Continued From page 2<br>residents including choices of pharmacies.<br>(5) Procedures for documentation of medication administration.<br>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.<br>(7) Procedures for monitoring side effects of psychoactive medications.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the home failed to establish a procedure to systematically monitor the side effects of psychoactive medications for 2 applicable residents in the survey sample (Resident #5 and Resident #6). Findings include:<br><br>1. Per record reviews on 6/2/11, Resident #5 and Resident #6 were identified as residents prescribed routine psychoactive medications. There was no documentation in either resident's record that monitoring for the side effects of this classification of medication was occurring. During interview that afternoon at 3:20 PM, the RN (Registered Nurse) confirmed that there was no procedure in place to routinely monitor the side effects of psychoactive medications, that the forms were at the nurse's home, however had not been filled out for any of the residents who are taking psychoactive medication. | {R160} | | |
| {R171} SS=E | V. RESIDENT CARE AND HOME SERVICES<br><br>5.10 Medication Management<br><br>5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or | {R171} | | |

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| {R171} | Continued From page 3<br>representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:<br><br>(1) Documentation that medications were administered as ordered;<br>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;<br>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;<br>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and<br>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.<br>(6) All incidents of medication errors.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and record review, the home failed to assure that documentation includes reasons to administer a PRN (as needed) medication, monitoring of effectiveness of PRN medication, and for residents receiving psychoactive medications, a record of monitoring for side effects, for 4 residents receiving PRN medications or psychoactive medications. (Residents #3, #4, #5, #6) Findings include:<br><br>1. Per record review on 6/2/11, Resident #3 had an order for Ibuprofen 400 mg (milligrams) PRN every 6 hrs. The Medication Administration Record (MAR) did not include a reason to give the medication, and staff did not document the effectiveness of the medication after giving it to the resident multiple times. Per interview on 6/2/11 at 3:45 PM, the manager of the home | {R171} | | |

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| {R171} | Continued From page 4<br>confirmed that the MAR sheet did not include the reason to administer, and that staff did not document the effectiveness of the treatment.<br><br>2. Per record review of Resident #4, there was an order sheet in the MAR for "Clonazepam [an anti-anxiety medication] 0.5 mg Take One PRN" that did not include frequency ordered or reason for administering. Also, there was no evidence of follow-up documentation to monitor the effectiveness of the medication after administering it several times in May and June 2011. Per interview on 6/2/11 at 3:45 PM, the manager of the home confirmed that the MAR did not include a reason to give, frequency ordered, or staff documentation of the effect of the drug on the resident.<br><br>3. Per record reviews on 6/2/11, Resident #5 and Resident #6 were identified as residents prescribed routine psychoactive medications. There was no documentation in either resident's record that monitoring for the side effects of this classification of medication was occurring. During interview that afternoon at 3:20 PM, the RN (Registered Nurse) confirmed that there was no procedure in place to routinely monitor the side effects of psychoactive medications, that the forms were at the nurse's home, however had not been filled out for any of the residents who are taking psychoactive medication. | {R171} | | |

# Cota's Hospitality Home, Inc.

1079 So. Barre Rd., Barre, VT 05641
802.479.3118

Plan of Correction
Follow Up to ~~October 2010~~ June Complaint

V RESIDENT CARE AND HOME SERVICES (R128)

5.5 General Care

1 All residents either have physician's orders for code status, dietary needs and problem list or else doctors have been notified and we are waiting for them to get back to us with these orders. This was done ~~March 31, 2011~~. July 11th 2011

2a All PRN medications given are now documented in the MAR for each resident who receives them. We have gotten written orders from the doctor in the case of any resident wanting to change the time that they are getting a certain medication. This has been implemented as of March 31, 2011.

2b The manager and RN have mandated and reminded all staff of the importance of sanitizing hands before giving medications. Medication cups will also be used. This will be monitored by spot checks regularly as of March 31, 2011.

2c Employees have been instructed to always sanitize/wash hands before giving out ANY medications. This will be monitored by spot check regularly as of March 31, 2011.

3 All doctor's notes and orders are reviewed by manager or nurse immediately upon coming in and any changes are noted. Everything goes into nurses "doctors visits inbox" for her to review also. Nothing is put into resident books until the nurse OKs it and any changes are made. Manager will be checking weekly. March 31, 2011.

4 The doctor has been contacted to get an order for resident #6 to self manage her combivent inhaler. He has not gotten back to us but a second call has been made to check the status of this. We have an order for self managing of the combivent inhaler. Any medications that are self managed have doctor's orders as of March 31, 2011. From now on any new self managed meds will have doctor's orders when prescribed.

R128 POC Accepted 7/12/11 AMcotaRN

5.10 Medication Management (R160)

1 Nurse is in the process of coming up with a form to keep track and monitor side effects for residents who are using daily antipsychotic medication. She will teach staff what to do so that they too can keep track of these potential side effects. We have gotten a form to keep track of the side effects and the nurse is monitoring twice a week. ~~March 31, 2011~~.

July 11, 2011

R160 POC Accepted 7/12/11 AMcotaRN

5.10 Medication management (R171)

1 We have a form to keep track of side effects. Nurse has taught staff how to look for side effects as well. This has been put into place as of March 31, 2011.

2 All PRNs given are being documented in MAR even if they are over the counter. No over the counter meds will be given without a doctor's order. Medications will be given at prescribed time unless doctors order has been obtained to change the time. Staff has been reminded again about this rule and nurse and manager are monitoring to make sure that prns are being documented. March 31, 2011

3 Nurse has implemented AIMS scoring tool. Kept in book. Reviewed every 6 months by nurse. March 31, 2011.

4 Procedures are set into place to make sure that side effects are being monitored on all residents who need it. Reviewed every 6 months. March 31, 2011.

5 Manager and nurse will remind and retrain all medication delegated staff to make sure to document all medication given at all times. March 31, 2011.

R171 POC Accepted 7/12/11 RMcotaRN

R181 N/A (not re-cited) on 6/2/11 RMC

5.11 Staff Services (R181)

1 All employees on staff have current criminal, and child/adult abuse background checks done. No employee who is currently employed here has criminal history. Before any new staff is hired and begins work, their background will be checked by the manager and employment will be contingent on a clear record. March 31, 2011.

R190 N/A (not re-cited) on 6/2/11 RMC

5.12b Results of Criminal record and adult abuse registry checks for all staff (R190)

1 All staff have background and abuse checks completed and in book. Manager will make sure that these checks stay up to date as new employees are hired. Will be reviewed regularly. ~~March 31, 2011~~.

They should be back 7-20-11

Tammy Cota